

PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN Attorney Docket Nur First Named Invento

PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))

Attorney Docket Number	
First Named Inventor	Bernarr C. Schaeffer
COMPLETE	KNOWN
Application Number	
Filing Date	
Art Unit	
Examiner Name	

riiiig	required)	Examiner Name	<u> </u>	
As the below named inventor, I hereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the original and first inv	entor of the subject matter w	which is claimed and for w	hich a patent is sou	ght on the invention entitled:
Infra ve	d Savua			
	(Title of the In	nvention)		
the specification of which				
is attached hereto				
OR [<u> </u>			
was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International
Application Number	and was amende	ed on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application nu	mbers are listed on a supple	mental priority data shee	t PTO/SB/02B attack	ned hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numbe or Bar Code Labe	•	OR Cor	rrespondence address below	
Name Joseph B. TAPHO	1 A N			
Address & Scenic Dr; HAG		5		
city Poughkeepsie	State	, <i>N</i> Y	12603-5521 ZIP	
Country U.S.A. Tele	4-5 / 4-62 · 2	3262	845/462-3262	
I hereby declare that all statements made herein of my or are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, ur validity of the application or any patent issued thereon.	ts were made with the ki	nowledge that willful take	statements and the like so	
NAME OF SOLE OR FIRST INVENTOR :	A petition has be	en filed for this unsign	ned inventor	
Given Name $Bernern$ C. (first and middle [if any])	Famil or St	Name Schaes	Ser	
Inventor's Signature Schman	chaff	_	Date	
Residence: City Rosendale	State NY	USA Country	U 3 A Citizenship	
Malling Address 725 Rte. 2/3				
chy Roseudale	State NY	ZIP 12472	Country Country	
NAME OF SECOND INVENTOR:	A petition has been	n filed for this unsigne	ed inventor	
Given Name (first and middle [if any]) James	Family or Sur	y Name Schaefs	len	
Inventor's Janus Shay	lley		Date 1/23/02	
Roseudale Residence: City	N Y State	U-S A Country	USA- Citizenship	
Mailing Address 725 Rtc. 213				
city Roscadale	State NY	ZIP 1247Z	Country . S. A .	
Additional inventors are being named on the/sup	plemental Additional Invi	entor(s) sheet(s) PTO/SB/	02A attached hereto.	



PTO/SB/01 (10-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nu or Bar Code I	1		OR Con	respondence address below
Name				
Address				
City		State		ZIP
Country	Telephone			Fax
I hereby declare that all statements made herein of nare believed to be true; and further that these states made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereor	ments were made wit th, under 18 U.S.C. 10	1 the knowledge	that willful false	statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed	for this unsign	ned inventor
Given Name (first and middle [if any])		Family Name or Surname	Schaets	(or
Inventor's Wayne Sch	affer			Date 1/24/02
Residence: City Stone Ridge	State NY	Countr	USA.	USA. Citizenship
Mailing Address 101 Vincent	Laue			
chy Stong Ridge	State Y	/ 2 ZIP	484	USA Country
NAME OF SECOND INVENTOR:		s been filed fo	r this unsigne	d inventor
Given Name (first and middle [if any])		Family Name or Sumame		
Inventor's Signature				Date
Residence: City	State	Countr	у	Citizenship
Mailing Address				
City Additional inventors are being named on the	State supplemental Addition	ZIP nal inventor(s) s	heet(s) PTO/SB/(Country 2A attached hereto.
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				





Please type a plus sign (+) inside this box --

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bernar C. Schaeffer
Title	Infrared Sauna
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:			····	
Practitioners at 0 OR Practitioner(s) na	Customer Number	Nui	ce Customer mber Bar Code nel here	
[2] Fractitioner(s) na		Danishadian N		
	Name	Registration N	lumber	
Joseph	4 B. TAPHORN	16,788	788	
business in the United S	r agent(s) to prosecute the application io States Patent and Trademark Office con	nected therewith.	transact all	
	espondence address for the above-ident ned Customer Number.		ustomer	
Practitioners at Cus	stomer Number		Bar Code	
Firm or Individual Name				
Address				
Address				
City		State	Zip	
Country				
Telephone		-ax		
I am the:				
Applicant/Invento	or.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Bernaen C. Schaeffer				
Signature Burns C Schaell				
Date 23 JAN 2002				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
Total of 3 for	ms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Berner C. Schoeffer
Title	Infrared Souga
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:				
Practitioners at 0 OR Practitioner(s) na	Customer Number		Place Customer Number Bar Code Label here	
	Name	Registra	tion Number	
Joseff	B. Taphorn	16,78	28	
	r agent(s) to prosecute the application in States Patent and Trademark Office cor			
	espondence address for the above-iden ned Customer Number.		to: Place Customer Number Bar Code Label here	
Firm or Individual Name				
Address			,	
Address				
City		State	Zip	
Country				
Telephone	<u> </u>	Fax		
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Wayne Schaeffer				
Name Wayne Schaeffer Signature * Mann Schaffer				
Date 1/24/02				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
Total of				
Seedon Unio Ototomonto This form I al				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bernary C. Schaeffer
Title	Infrared Squa
Group Art Unit	
Examiner Name	
Attorney Docket Number	

	Customer Number	 	Place Customer Number Bar Code
OR Practitioner(s) na	med below:		Label here
	Name	Registra	ition Number
Joseph	B. Taphorn	16,7	188
business in the United S	agent(s) to prosecute the application id States Patent and Trademark Office con	nected therewith	h.
	espondence address for the above-idention of the control of the co		to: Place Customer Number Bar Code Label here
Firm or			
Individual Name			
Address			
Address City		State	Zip
Country		orare 1	Zip
Telephone	l F	ax	
I am the:			
Applicant/Invento	or.		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name James Schaeffer			
Signature & Janus Schoeller			
Date 1/23/02			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
	ms are submitted.		

burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.